

DEC 17 2004

PTO/SB/80 (11-04)

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21906

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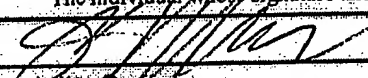
Assignee Name and Address:

Gallitzin Allegheny LLC
171 Main Street #271
Los Altos, CA 94022

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.

Signature		Date	NOV 15, 2004
Name	Julia Cerafo	Telephone	
Title	Authorized Person		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket No.
IVT.0013US

In Re Patent Of:

MASOUD AZMOODEH

Serial No.
09/973,608

Filing Date:
October 9, 2001

Examiner
An T. Luu

Group Art Unit:
2816

Invention:

SYSTEMS AND METHODS FOR MINIMIZING HARMONIC INTERFERENCE

TO THE COMMISSIONER FOR PATENTS

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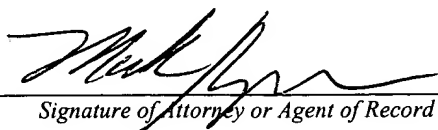
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20916

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Signature of Attorney or Agent of Record

Date: December 14, 2004

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Registration Number & Address Of Attorney or Agent of Record

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